

## Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23552

7590

05/12/2004

MERCHANT & GOULD PC P.O. BOX 2903 **MINNEAPOLIS, MN 55402-0903** 



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Rebecca Ralls		(Depositor's name)
Reen	Ruls	(Signature)
8-11-04		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/608,952	06/23/2003	Staffan B. Linnersten			758.1248USC2	8475
TITLE OF INVENTION: C	CONICALLY SHAPED AIR	-OIL SEPARATO	R			
APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DO		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	)	\$300	\$1630	08/12/2004
EXAN	MINER	ART UN	IT	CLASS-SUBCLASS		
SMITH,	DUANE	1724		055-319000		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		names of agents Ol	nting on the patent front pag up to 3 registered patent R, alternatively, (2) the nam	attorneys or 1 Mercha e of a single	nt & Gould P.C	
		firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.						

will be printed.		, 3 <u></u>		
data will appear on the parate cover. Complete	patent. Inclusion ion of this form is	s NOT a substitute for filing	ppropriate when an a g an assignment.	assignment has
rinted on the patent); b. Payment of Fee(s);	individual	corporation or other pr	rivate group entity	governmen
A check in the amo	ount of the fee(s)	is enclosed.		
☐ Payment by credit	card. Form PTO-	2038 is attached.		
		by charge the required fee	e(s), or credit any or n extra copy of this fo	verpayment, to
ccepted from anyone lee or other party in rk Office.  mation is required to SPTO to process) an 14. This collection is g, and submitting the upon the individual lete this form and/or mation Officer, U.S. Alexandria, Virginia D THIS ADDRESS.	08/17/ 01 FC:	'2004 SDIRETAE 000000		OP
	THE PATENT (print of data will appear on the parate cover. Complet 3) RESIDENCE: (CIT MINITE apo 11's minted on the patent); b. Payment of Fee(s):  A check in the ame Payment by credit Payment by credit Deposit Account Nurve (if any) or to re-apply cepted from anyone ee or other party in rk Office.  This collection is g, and submitting the upon the individual tet his form and/or mation Officer, U.S. Alexandria, Virginia D THIS ADDRESS.	THE PATENT (print or type)  data will appear on the patent. Inclusion operate cover. Completion of this form is 3) RESIDENCE: (CITY and STATE OF MINNESO MINNE	THE PATENT (print or type)  data will appear on the patent. Inclusion of assignee data is only a reparate cover. Completion of this form is NOT a substitute for filing 3) RESIDENCE: (CITY and STATE OR COUNTRY)  Minneapolis, Minnesota  rinted on the patent); Individual Corporation or other properties of the patent of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee Deposit Account Number (enclose and enclose	THE PATENT (print or type)  data will appear on the patent. Inclusion of assignee data is only appropriate when an apparate cover. Completion of this form is NOT a substitute for filing an assignment.  B) RESIDENCE: (CITY and STATE OR COUNTRY)  Minneapolis, Minnesola  cinted on the patent); individual corporation or other private group entity  b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any or Deposit Account Number (enclose an extra copy of this form of the form anyone ee or other party in rk Office.  This collection is g, and submitting the upon the individual tee this form and/or mation Officer, U.S. Alexandria, Virginia D THIS ADDRESS.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE icant:

LINNERSTEN ET AL.

Examiner:

D. SMITH

Serial No.:

10/608,952

Group Art Unit:

1724

Filed:

JUNE 23, 2003

Docket:

758.1248USC2

Confirmation

Due Date:

8475

Notice of Allow.

MAY 12, 2004

No.:

Date:

**AUGUST 12, 2004** 

Title:

CONICALLY SHAPED AIR-OIL SEPARATOR

## **CERTIFICATE UNDER 37 CFR 1.8:**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 11, 2004.

Name: Rebecca Ralls

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

23552 PATENT TRADEMARK OFFICE

Sir:

We are transmitting herewith the attached:

☐ Transmittal Sheet in duplicate containing Certificate of Mailing

Issue Fee Transmittal Part B (PTOL - 85)

☐ Check(s) in the amount of \$1330.00 for Payment of Issue Fee

Check(s) in the amount of \$300.00 for Payment of Publication Fee

Check(s) in the amount of \$3.00 for Copy of Issued Patent

Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C. P.O. Box 2903, Minneapolis, MN 55402-0903 612.332.5300

Name: Mara E. Liepa Reg. No.: 40,066 MELIEPA:rlr